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CONFIRMATION NO. 5709

<b>SERIAL NUMBER</b> 10/675,128	<b>FILING or 371(c) DATE</b> 09/30/2003 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3609	<b>ATTORNEY DOCKET NO.</b> 42391-10009		
<b>APPLICANTS</b> Nada Milosavljevic, Providence, RI; <b>** CONTINUING DATA *****</b> <i>None KR</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None KR</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 01/15/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and <u>/KRISTINE K RAPILLO/</u> Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance Initials _____	<b>STATE OR COUNTRY</b> RI	<b>SHEETS DRAWINGS</b> 23	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> JENNER & BLOCK, LLP ONE IBM PLAZA CHICAGO, IL 60611 UNITED STATES						
<b>TITLE</b> Quick notation medical reference and record system and method of use						
<b>FILING FEE RECEIVED</b> 438	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees			
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